

Exhibit "1"

AMTREN CORPORATION

EMPLOYEE CHANGE STATUS/PAY FORM

EMPLOYEE NAME: Janice McCollum

EFFECTIVE DATE OF CHANGE: 9/19/04

CHANGE REQUIRED:

Position Title: From _____ To _____

Position Class From _____ To _____

Pay Rate From 961.54 To 1153.85
(Weekly or Hourly)

Pay Method From _____ To _____
(Changing to Direct Deposit requires copy of a voided check)

SUPERVISOR'S SIGNATURE: 

OTHER CHANGE-PLEASE CIRCLE ONE

Address

Marital Status

Tax exemptions-fill out new tax forms

Bank Account-provide copy of voided check for the new account

Health insurance-fill out new health insurance forms

Please list the change: _____

